PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 APR 17 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23000526667

1. Limited Liability Company's Name

AGZON SHOPPING LLC

CR2E041 (3/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
701 BRICKELL AVE	701 BRICKELL AVE
Suite Apt. # etc: 1550	Suite Apt. #, etc: 1550
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: USA	Zip: 3313 Country: USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: 11/27/2023

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

200428033102
04/17/24--01010--014 **238.75

8. Name and Address of Current Registered Agent

Name: SERGIO DE CARVALHO GEGERS

Street Address (P.O. Box Number is Not Acceptable) Suite: 245 NE 14th st

Apt. # Etc: 1111

City: MIAMI State: FL Zip Code: 33132

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 04/08/24

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ALEXANDRE DE CARVALHO GEGERS	245 NE 14th st apto 1111	MIAMI, FLORIDA 33132

11. E-mail Address: sgegers@actualbrasil.com.br

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 04/08/24 Daytime Phone #: (305)587-7487

Typed or printed name of signing authorized representative/member: ALEXANDRE DE CARVALHO GEGERS

RM 4/17/24